

**ISDH Long Term Care
Newsletter Issue # 2013-03
January 28, 2013**

In Today's Issue:

- Influenza Update
- CMS Quality Collaborative
- CMS Updates:
 - F441 Laundry & Infections
 - Dementia Partnership
 - LTC Hospital Moratorium

As Flu Season is Underway, So is "Stomach Flu"

January 24, 2013

INDIANAPOLIS-Winter is the season for influenza, and as the flu season continues, State health officials want to remind Hoosiers this is also norovirus or "stomach flu" season. Norovirus is not actually influenza, however, both may be prevented by taking measures to protect yourself.

This season, health officials are reporting that a new strain of norovirus has appeared. This new strain, called GII.4 Sydney, originated in Australia and has been detected throughout Europe and the United States. This strain is overtaking others to become the dominant strain in areas where it has been found. Most people will be susceptible to this new strain; however, it does not carry worse symptoms than others.

Health officials confirm the new GII.4 Sydney strain of norovirus has reached Indiana and say they will continue to investigate outbreaks and monitor disease activity.

"With so much discussion regarding this flu season, it is important for Hoosiers to understand there is a difference between influenza and what is commonly called the stomach flu," said State Health Commissioner William VanNess II, M.D. "Knowing the difference can help prevent both illnesses."

Norovirus infection, also known as viral gastroenteritis, is not the flu at all but a viral infection of the intestinal tract. It is spread through eating or drinking contaminated food or drink or by close contact with an infected person.

Norovirus is more common in the late fall through winter, but infections and outbreaks can occur any time of year. This virus is very contagious and easily spread by infected people, contaminated food or drinks or touching contaminated surfaces. Norovirus can survive on surfaces for up to 72 hours. Symptoms occur about 24 to 48 hours after exposure and include sudden onset of nausea,

vomiting and diarrhea. Other symptoms may include fever, headache and body aches. Most people recover fully within one to two days without complications.

"Flu shots do not protect against norovirus," said Dr. VanNess. "However norovirus prevention is similar to flu prevention in the need to frequently wash hands, disinfect contaminated surfaces, wash soiled clothing and avoid preparing food if you're not feeling well."

Influenza, by contrast, is a viral infection of the respiratory tract. It is spread by respiratory droplets from close contact with infected persons or contact with contaminated surfaces or objects. Infection can occur when influenza viruses contact the eyes, mouth or nose, and possibly through inhaling droplets from a sneeze or cough. Sometimes people may become infected by touching surfaces or objects contaminated with influenza viruses and then touching their eyes, mouth or nose.

Signs and symptoms of norovirus ("Stomach Flu") versus Influenza (Flu):

Norovirus ("Stomach Flu")

- abdominal cramps
- vomiting
- nausea
- watery diarrhea
- fever (usually slight)
- headache
- fatigue

Influenza (Flu)

- fever 101 degrees Fahrenheit or greater
- headache
- fatigue
- cough
- muscle aches
- sore throat

For more information about norovirus or influenza, visit the Indiana State Department of Health at www.StateHealth.in.gov.

CMS Nursing Home Quality Care Collaborative

The following is a reminder from the Centers for Medicare and Medicaid Services for nursing home providers. The recruitment deadline is January 31, 2013.

Did You Know?

The Medicare Quality Improvement Organizations (QIOs) are teaming with the Centers for Medicare and Medicaid Services (CMS) to improve care for the millions of nursing home residents across the country. The *Nursing Home Quality Care Collaborative* (NHQCC) brings a full-court press to

transform nursing home care quality to every state and territory in our nation.

The collaborative takes all comers-we work in an "all teach all learn" environment that says no single expert or idea is right. Whether you are a quality guru or just starting your improvement journey, the collaborative is for you!

Specifically, the NHQCC will strive to instill quality and performance improvement practices, eliminate healthcare acquired conditions, and dramatically improve resident satisfaction by focusing on the systems that impact quality such as:

- Staffing
- Operations
- Communication
- Leadership
- Compliance
- Clinical Models
- Quality of life indicators and specific
- Clinical outcomes (targeted focus on inappropriate antipsychotics in dementia residents, falls, UTIs, HAIs)

Did You Know?

That a regulation will be fourth coming that requires every nursing home in the nation to submit a Quality Assurance Performance Improvement (QAPI) plan and that these quality improvement techniques will be at the core of the NHQCC? This means that by getting involved NOW that you will learn about QAPI BEFORE the regulation! Additional benefits include free educational sessions on clinical and operational topics, access to best practices and proven strategies, peer to peer learning and QAPI tools and resources. Best of all, your organization will learn how to focus on what is already working in your system.

Did You Know?

That to be included in this fantastic opportunity that all you need to do is reach out to your Quality Improvement Organization (QIO) and commit to the collaborative for the next 18 months? We highly encourage you to take advantage of this opportunity before the recruitment deadline of January 31, 2013.

Do You Know Indiana's Quality Improvement Organizations?

The Centers for Medicare and Medicaid Services contracts with one Quality Improvement Organization in each state, as well as the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Health Care Excel is the Medicare Quality Improvement Organization (QIO) for Indiana. Quality Improvement Organizations are staffed by health care professionals who are trained to review medical care and assist beneficiaries with quality of care concerns and implement clinical processes to improve care. For contact information, visit the Health Care Excel Web site at www.hce.org.

For information on the CMS Quality Improvement Organization Program, go to www.qualitynet.org. To locate organizations, click on Quality Improvement and then QIO Directory.

CMS Updates

Revised Guidance for F Tag 441

The Centers for Medicare and Medicaid Services (CMS) is clarifying and revising guidance to surveyors in Appendix PP of the State Operations Manual (SOM) regarding citations under F441 related to 42 CFR §483.65(c). The memo addresses laundry detergents with and without antimicrobial claims, use of chlorine bleach rinses, water temperatures during the process of washing laundry, maintenance of laundry equipment and laundry items, and ozone laundry cleaning systems. Attached is the [survey letter](#) SC 13-09.01 and the accompanying [advance guidance](#) SC 13-09.02.

Reducing Use of Antipsychotic Drugs

On March 29, 2012, CMS launched a national initiative aimed to improve behavioral health and minimize the use of medications (such as antipsychotic medications) to manage individuals with dementia. As part of the initiative, CMS is developing a national action plan that will use a multidimensional approach to improve care for individuals with dementia that includes public reporting, raising public awareness, regulatory oversight, technical assistance, provider and consumer education and research.

The Advancing Excellence in America's Nursing Homes Campaign has offered to make available a variety of resources and clinical tools to assist nursing homes achieve the goals of this initiative. Nursing homes are encouraged to review the resources and tools and select those that will be most useful. This site will be updated regularly as new tools become available.

Visit their [Partnership to Improve Dementia Care in Nursing Homes](#) web site for additional information.

Long Term Care Hospital Moratorium

The statutory long term care hospital moratorium expired as of December 29, 2012. The moratorium prevented, with certain exceptions, the establishment of new long term care hospitals, increasing existing number of certified beds, or the establishment of a satellite by an existing long term care hospital. CMS [Survey and Certification Letter 13-08](#) discussed the change.